

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002939

Entity Name: CUSA EE, LLC

FILED  
Jan 22, 2007  
Secretary of State

**Current Principal Place of Business:**

812 DELANO  
HOUSTON, TX 77003 US

**New Principal Place of Business:**

**Current Mailing Address:**

950 MCCARTY DR  
HOUSTON, TX 77029 US

**New Mailing Address:**

FEI Number: 20-0151982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GONZALEZ, FIDEL  
Address: 812 DELANO  
City-St-Zip: HOUSTON, TX 77029

Title: MGR ( ) Delete  
Name: MATAMORROS, CARLOS  
Address: 812 DELANO  
City-St-Zip: HOUSTON, TX 77029

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: RVP ( ) Change (X) Addition  
Name: ROGERS, GREG  
Address: 950 MCCARTY DRIVE  
City-St-Zip: HOUSTON, TX 77029 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAULA G DICKERSON

ACCT

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date